

08/945459

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
Fee Record Sheet

02/19/1998 WCLAYBRO 00000024 08945459  
01 FC:970 930.00 OP

11/03/1997 WCLAYBRO 00000058 08945459  
01 FC:960 1070.00 OP

Adjustment date: 02/19/1998 WCLAYBRO  
11/03/1997 WCLAYBRO 00000058 08945459  
01 FC:960 -1070.00 OP

Repln. Ref: 02/19/1998 WCLAYBRO 0017023300  
DAH:022275 Name/Number:08945459  
FC: 704 \$140.00 CR

PTO-1556  
(5/87)



UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Pat nt #	08/945459		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing				\$ 140
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input type="checkbox"/> Petition				\$
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 140	
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:			
<input type="checkbox"/> Duplicate Payment	9 <input type="checkbox"/> 02-2275			
No Fee Due (Explanation):				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Eless D. Brown</u>		TITLE: <u>paralegal</u>		
SIGNATURE: <u>Eless D. Brown</u>		PHONE: <u>305-3659</u>		
OFFICE: <u>PCT-DO-EO</u>		*****		
THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B

TO: OFFICE OF FINANCE  
CRYSTAL PLAZA 2

SERIAL NUMBER: 08/945459

FROM: PCT INTERNATIONAL DIVISION DO/EO  
CRYSTAL PLAZA 2

PLEASE PROCESS THE FOLLOWING CORRECTIONS:

FROM

TO

FEE CODE

AMOUNT

FEE CODE

AMOUNT

960 1070

970 930

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OTHER:

THE ORIGINAL METHOD OF PAYMENT WAS:

BY A CHECK

BY A CHARGE TO DEPOSIT ACCOUNT

DO/EO FEE CORRECTION ACCOUNT NO

ELESS BROWN